

**Michigan Department of Community Health
EMS and Trauma Systems Section**
201 Townsend Street
Lansing, Michigan 48913

MDCH USE ONLY	
Date Received at MDCH: _____	Date Amendments Requested: _____
Date Rec'd by Regional Coordinator: _____	Date Amendments Received: _____
Date Reviewed by Regional Coord.: _____	Date of On-Site: _____
Date Report form sent to MDCH: _____	
Recommended Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regional Coordinator Signature: _____	

**EMS EDUCATION PROGRAM SPONSOR
APPLICATION FOR INITIAL APPROVAL**

PLEASE SUBMIT TWO COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS

This application is to be completed jointly by the Program Sponsor's Course Coordinator and a representative of the Program Sponsor. **All applications must be received by MDCH at least 60 days prior to the planned start of the first (next) course to be offered.** Approval of an education program for emergency medical services personnel is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended, and applicable Rules, and compliance with MDCH Education Program Requirements for the respective program level. **The course may not start until the application is approved.** If the application does not meet approval criteria 30 days following the onsite evaluation, or 7 days prior to course start date, the application becomes null and void.

Program approval is for three years. For all additional course offerings within the approval period, the sponsor must submit the Interim Application form BHPPA-EMS-136a and attachments **to the Regional Coordinator** at least 30 days prior to start of the course.

Paramedic program sponsors with accreditation from Joint Review Committee on Educational Programs for EMT-Paramedic must submit this application with a copy of verification of accreditation from JRC and must complete questions 1-7 (attachments not required for questions 5, 6 & 7). Programs with current JRC accreditation will be approved for all four levels of EMS education. For additional course offerings, form BHPPA-EMS-136a must be submitted as noted above.

1.

Education Program Sponsor			
Address			
City	State	Zip	County
Sponsor Contact Person Name:		Title	Telephone Number () - () - ()

2.

Level of course to be offered:	
_____ MFR _____ EMT	_____ EMT-Specialist _____ Paramedic

3.

Start date(s) and end date(s) of first course to be offered at each level:

MFR	_____	-	_____
EMT	_____	-	_____
EMT-Specialist	_____	-	_____
Paramedic	_____	-	_____

(Attach schedule of each course listed above, following attached format)

4.

Course Location(s) (building, room #, street address, city, zip)

5.

Sponsor is a:

_____ Post-Secondary School	_____ Life Support Agency
_____ Vocational/Technical/High School	_____ Hospital
_____ Licensed Proprietary School	_____ U.S. Military Service
_____ Adult Education Center	

Attach verification of sponsor type, a written statement outlining sponsor responsibilities, and how Sponsor will provide oversight to all courses. (See Program Approval Criteria)

6.

Course Coordinator (I/C): Print Clearly

First/Middle/Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

MI I/C License #: _____ I/C ID#: _____

Attach copy of course coordinator's provider & I/C licenses, contract or employment agreement between sponsor and course coordinator AND course coordinator position description.

(If different course coordinator for different level courses, attach list with all above information for each and signature for each.

7.

Has Medical Control Authority been informed of proposed courses ? ☐ Yes ☐ No

Name of MCA: _____

8.

Physician Director: Print Clearly

First/Middle/Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Attach copy of MD/DO license, curriculum vitae of physician director, copy of contract between program sponsor and physician director AND physician director position description (may be part of contract).

9.

Instructional Faculty:

Use the attached form labeled "Instructional Faculty" to list all instructional faculty for each level program (e.g. lectures, lab assistance, etc.). Please list name, title and role in course.

10.

Financial Resources:

Attach signed statement of financial support

11.

Physical Resources, Equipment, Audio/Visual, Learning Resources:

Attach statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCH requirements for physical resources, equipment, audio/visual, and learning resources, as described in the program approval packet.

12.

Clinical Resources:

Hospital and Pre-Hospital Agencies Providing Clinical Contracts: (minimum one hospital and one pre-hospital)

Course Level	Hospital/Agency Name	Address	Effective Contract Dates	Contact Name & Phone #

Attach copies of all clinical contracts. (Clinical contracts must have been authorized within the last 3 years)

13.

Student Policies/Course Syllabus

Attach copy of student policies and/or course syllabus containing all MDCH – required information as described in the program approval packet.

14.

Operational Policies/Procedures

Attach statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCH requirements for operational policies and procedures, as described in the program approval packet.

15.

Program Evaluation

Attach a statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCH requirements for program evaluation, as described in the program approval packet. Use attached form labeled "Advisory Committee" to list advisory committee members for each level program, including their name, title, address and phone number.

16.

I affirm that all information submitted in response to this application is true and that the EMS education programs under our sponsorship are consistent with the Michigan Department of Community Health education program requirements and written and practical performance objectives. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instruction and that classes will be taught in an appropriate educational environment.

The Michigan Department of Community Health, or its designated representatives, reserves the right to request copies of all documentation relevant to the conduct of this program and upon which approval is granted and to make an initial on-site evaluation visit and follow-up monitoring visits as the Department shall deem appropriate.

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this application on the Program Sponsor's behalf. I affirm by my signature that this program will follow all course requirements as set forth and approved by MDCH and that any changes from the information submitted herein will be submitted to MDCH for approval before they are implemented. **I understand that any misrepresentation of the information provided as part of this application may result in non-approval or revocation of existing approval.**

Name of Education Program Sponsor

Original Signature – Authorized Program Sponsor's Representative

Date

Printed Name of Authorized Program Sponsor's Representative

Title

Telephone Number

()

17.

I affirm my commitment to serve as Course Coordinator and to comply with all MDCH requirements for education program Course Coordinators, as described in the program approval packet.

Program Course Coordinator Name

Program Course Coordinator Signature

Date

18.

I affirm my commitment to serve as Physician Director and to comply with all MDCH requirements for education program physician directors, as described in the program approval packet.

Printed Name of Physician Director

Original Signature (Please indicate M.D. or D.O.)

Date

Attachments:

Checklist
Course Schedule Form
Instructional Faculty Form
Advisory Committee Member Form

Checklist

The following items **must** be attached to and submitted with this application:

- _____ Course schedule(s)
- _____ Verification of sponsor type
- _____ Written statement outlining sponsor responsibilities and oversight plan
- _____ Copy of course coordinator's I/C license and EMS provider license
- _____ Copy of signed contract between program sponsor and course coordinator or employment verification letter
- _____ Course coordinator position description (may be part of contract)
- _____ Copy of physician license of physician director
- _____ Copy of signed contract or letter of affiliation between program sponsor and physician director
- _____ Physician director position description (may be part of contract)
- _____ Physician director curriculum vitae (resume)
- _____ List of the instructional faculty (form titled Instructional Faculty)
- _____ Signed program sponsor statement of financial support
- _____ Signed program sponsor statement of meeting MDCH requirements for facility, equipment, audio/visual resources, and learning resources
- _____ Signed copies of all clinical contracts
- _____ Copy of student policies and/or course syllabus containing all MDCH– required information
- _____ Signed program sponsor statement of meeting MDCH requirements for operational policies and procedures
- _____ Signed program sponsor statement of meeting MDCH requirements for program evaluation
- _____ List of advisory committee members (form titled Advisory Committee)

Documentation of compliance with all other required approval criteria must be on file or physically present at the course site and available for verification during the on-site evaluation or at the request of the regional coordinator. It is suggested that documentation of compliance with recommended criteria also be made available at the on-site evaluation.

See Education Program Approval and On-site Evaluation document for detailed explanation of requirements.

COURSE SCHEDULE

Program Sponsor: _____

Course Level: _____

Clinical Hours: _____

Course Coordinator: _____

Course Location: _____

Hospital: _____

Pre-Hospital: _____

Attach course schedule(s) to application. Schedule must include topics and hours required in MDCH Education Program Requirements.

Lesson Number	Date & Time	Didactic Hours	Practical Hours	Topic	Instructor(s)

INSTRUCTIONAL FACULTY

[illegible]

ADVISORY COMMITTEE MEMBERS

[illegible]